

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564990

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

1		1			
2		1			
3		1			
4		1			
5		1			
6		1			
7		1			
8		1			
9		1			
10		1			
11		1			
12		1			
13		1			
14		1			
15		1			
16		1			
17		1			
18		1			
19					
20					
21					
22					
23					
24					
25					
26				1	
27				1	
28				1	
29				1	
30				1	
31				1	
32				1	
33				1	
34				1	
35				1	
36				1	
37				1	
38				1	
39				1	
40				1	
41				1	
42				1	
43				1	
44				1	
45				1	
46				1	
47				1	
48				1	
49				1	
50				1	

TOTAL IND.

1



1



2



TOTAL DEP.

19



16



15



TOTAL CLAIMS

20



17



17



CLAIMS

AS FILED AFTER
1ST AMENDMENT AFTER
2ND AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

TOTAL IND.

1



1



1



TOTAL DEP.

1



1



1



TOTAL CLAIMS

1

